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An Approach to Care Models for Disabled Children in Need of Protection in Selected Countries

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Abstract

Children in need of protection have been the subject of various services over the years as subjects for whom the states feel responsible. Governments have primarily focused on providing remedial services to children in need of protection and have assumed less responsibility for protection and prevention. As a result of this situation, uniform care models have existed in various countries for years. Still, the fact that children are not uniform has revealed that care models should not be uniform either. As a result, multiple transformations have occurred. These transformations were aimed at increasing the well-being of children in need of protection and occurred in parallel with the welfare models of the states. Children in need of protection experience multiple socio-economic disadvantages. Children who have lost their parents or who are not cared for by their parents may face many disadvantages that accompany this disadvantage.

When these children also have a disability, the compounded effects of vulnerability and exclusion intensify, and life can become much more difficult for them. In this study, the child protection systems of countries representing various welfare models will be examined, and the practices for disabled children in need of protection in these systems will be comparatively evaluated and discussed.

Keywords Child in need of protection · Care models · Disability · disabled children · welfare states

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An Approach to Care Models for Disabled Children in Need of Protection in Selected Countries

Disability affects a substantial proportion of the global population, necessitating comprehensive policy interventions and is an integral part of humanity. Disability, which can manifest in various forms, emerges due to the interaction between environmental and personal factors. Considering that approximately 16% of the world's population experiences a significant disability, the importance of this issue becomes even more evident (World Health Organisation, 2022). Disability models have evolved significantly, shifting from medical perspectives to rights-based approaches. With the adoption of the United Nations Convention on the Rights of Persons with Disabilities in 2006, it was recognised that individuals with disabilities are fundamentally human beings, and the approach towards them should reflect this understanding, aiming to eliminate discrimination (Attepe-Özden, 2020, p. 29).

"Children in need of protection" describes children who require care and protection for various reasons. Throughout history, children in need of protection have been a reality entrusted to the responsibility of multiple actors. The emergence of the need for protection due to diverse circumstances highlights the necessity of adopting a broad perspective in addressing the needs of these children (Küsmez, 2020). Disability, as a condition requiring protection, is a phenomenon that warrants serious consideration, as children may require care and protection due to the various disabilities they possess.

In exploring child protection systems and care models for disabled children, it is critical to anchor our comparative analysis within an established theoretical framework that explains variations across national contexts. Esping-Andersen's (1990) typology of welfare states offers precisely such a framework, categorising countries based on distinct institutional arrangements between the state, market, and family in welfare provision. Employing Esping-Andersen's welfare regime typology allows for a structured examination of how each country's welfare logic and policy orientation influence the services and protective measures available to disabled children. Thus, to capture these systemic variations, the countries selected represent each welfare regime distinctly: the United States exemplifies the liberal welfare model; Germany reflects the conservative model; Sweden illustrates the social-democratic model; and Turkey corresponds to the Southern European welfare model. Adopting this approach enables a deeper understanding of how differing welfare state configurations shape the responses and care provided to disabled children in need of protection.

This study examines the services provided to children with disabilities in need of protection in various countries. In selecting the countries for analysis, Esping-Andersen's (1990) welfare state model was utilised as a framework, considering that examining the approaches of different welfare models would offer a more comprehensive understanding. The United States represented the liberal welfare model with a disabled population of 44 million (Disability Statistics & Demographics Centre, 2021), Germany representing the conservative welfare model with a disabled population of approximately 7.8 million (German Federal Statistics Office, 2022), Sweden, representing the social-democratic welfare model with 77,546 individuals benefiting from social services for people with disabilities (Statista, 2023), and Turkey represented the Southern European welfare model with a disabled population of approximately 4.8 million (Türkiye İstatistik Kurumu 2013). As evidence, the number of individuals with disabilities in these countries is significantly high. It is also a strong assumption that children need protection within this population. Accordingly, analysing the services provided to children with disabilities in need of protection based on the welfare models of these countries is deemed essential for gaining a comprehensive understanding.

The United States of America (USA)

The child protection system in the USA has evolved and changed according to beliefs and attitudes regarding the government's responsibilities in the care and protection of children who are victims of neglect and abuse. Initially, the US government approached the issue of children in need of protection more in terms of meeting physical needs rather than addressing neglect and abuse. However, over time, increasing public awareness of child abuse and its consequences has created pressure on government officials to take concrete steps towards developing a child protection system (Murray & Gesiriech, 2004).

While a historical overview is necessary to understand the evolution of the U.S. child protection system, it is particularly relevant here because the institutional responses to disability have been shaped by these broader child welfare developments. Key legislative milestones and shifts in philosophy—from charity-based care to structured federal policy—laid the groundwork for how children with disabilities are currently identified, protected, and supported within the system today. Therefore, the following overview selectively highlights developments that have direct or indirect implications for protecting disabled children.

Efforts related to child protection in the USA can be traced back to the late 19th century, when volunteers from philanthropic organisations carried out these efforts. "The Children's Aid Society," funded by Charles Loring Brace and other social reformers, carried out activities for orphaned and destitute children. The Society implemented a rudimentary foster care system by placing these children in Christian homes, serving over 150,000 children between 1853 and 1929. Similarly, the Children's Home Society (CHS) was established during this period to carry out similar work, but it was deemed insufficient, leading to the emergence of new reform ideas.

In the second half of the 19th century, officials also voiced these reform ideas, emphasising that Society and the state should take responsibility for initiating child protection activities. In 1875, the New York Society for the Prevention of Cruelty to Children (NYSPCC) was established, marking the first formal recognition of the child protection issue (Brooks, 2016, p. 5).

Child protection efforts in the United States can be traced back to the 19th century, when philanthropic organisations like The Children's Aid Society and the Children's Home Society provided rudimentary care for orphaned and abandoned children. These early efforts, though limited in scope, laid the moral and institutional groundwork for future state involvement. By the end of the century, the formation of the New York Society for the Prevention of Cruelty to Children (1875) marked a shift towards formal recognition of child protection as a public responsibility. However, it was in the 20th century that systematic policy development gained momentum, ultimately shaping the contemporary legal and institutional responses—particularly those affecting children with disabilities.

At the beginning of the 20th century, child protection activities took a paternalistic approach, focusing on improving and, when necessary, punishing families to protect abused children. This perspective was perceived as a public duty. The emergence of the social work profession during this period also influenced this approach, reflecting the reformist identity of the time.

The concrete outcomes of this understanding were also evident. The 1909 White House Conference on the Care of Dependent Children, led by social reformers, established the US Children's Bureau, laid the foundations for foster care and adoption policies, and formalised the Mother's Pension (or Widow's Pension) (Reich, 2005, pp. 33, 35).

While these legislative milestones laid the foundation for a comprehensive child protection system in the United States, it is important to recognise that children with disabilities often encounter distinct vulnerabilities within this broader framework. As such, understanding how disability-specific concerns have been integrated—or overlooked—within these evolving legal structures is essential to evaluating the inclusivity and effectiveness of the U.S. child welfare system.

In the following years, numerous legislative regulations regarding the child protection and welfare system were implemented in the USA. In 1935, Title IV-B of the Social Security Act was adopted, allowing the first federal grants for child welfare services. Although small, these grants encouraged states to establish child welfare institutions and develop local programmes to provide child welfare services, and they were expanded over the following decades (Murray & Gesiriech, 2004).

By 1974, in response to public concerns about child neglect and abuse influenced by the "battered child syndrome" concept proposed by radiologists in the 1960s, the Child Abuse Prevention and Treatment Act (CAPTA) was enacted. This law provides financial support for demonstration programmes aimed at preventing, identifying, and treating child neglect and abuse. Additionally, it sought to establish a National Centre on Child Abuse and Neglect (Pecora et al., 2010, p. 32).

In 1975, Title XX of the Social Security Act was passed, declaring that states would assist low-income families in child protection, prevention and treatment programmes, foster care, and adoption services (Brooks, 2016, p. 7). In 1978, the Indian Child Welfare Act (ICWA) was enacted as another child protection law. This legislation aimed to prevent the removal of Native American children from their cultural context, emphasising the placement of these children with relatives, tribal members, or homes approved by their tribe, thus taking a significant step towards cultural awareness (Reich, 2005, p. 42).

In 1980, the Adoption Assistance and Child Welfare Act addressed issues such as parental rights, placement processes, and the adoption of children with special needs. This law is significant for responding to criticisms of the child welfare system (Mitchell et al., 2005). In 1997, with the Adoption and Safe Families Act (ASFA), the safety of children was prioritised, and a decision was made to terminate parental rights directly in cases of physical and sexual abuse rather than focusing on family reunification (Myers, 2008).

In 2000, the Child Abuse Prevention and Enforcement Act provided federal funds for enforcing child neglect and abuse laws and fostering collaboration between law enforcement and the media. In 2003, the Keeping Children and Families Safe Act emphasised the connections between child protection services and public health, mental health, and developmental disability care institutions. The 2003 law was revised with the Child and Family Services Improvement Act 2006. The 2008 Fostering Connections to Success and Increasing Adoptions Act introduced changes to encourage kinship care. The Child and Family Services Improvement and Innovation Act of 2011 aimed to improve government-managed care services, foster care arrangements, and oversight (Brooks, 2016, p. 8).

The USA's child protection and welfare system has undergone many legislative changes. However, aside from the obligation to report child neglect and abuse (for which a child abuse hotline exists), there is no unified national system for child welfare in the USA, and standards vary by state (Berrick, 2011). Nevertheless, the federal government assumes responsibility for practices and strives to maintain standards (Conrad et al., 2020).

In the USA, childcare services are provided through private payments, and financial support is sometimes offered to families with insufficient income. This results in limited efforts to strengthen families, with the child protection system intervening only in cases of neglect or abuse. In other words, the system's primary focus is remediation (Berrick & Chambers, 2020). This approach aligns the US child protection system with those of other countries (Gilbert et al., 2011).

A circumstance that necessitate placing children under protection is disability. It is a well-established fact that children with disabilities are at a greater risk of neglect and abuse than their non-disabled peers

(Vig & Kaminer, 2002; Jonson-Reid et al., 2004; Sullivan & Knutson, 2000). Several studies conducted in the United States have also demonstrated this situation.

In a study conducted in collaboration with the National Centre on Child Abuse and Neglect, Crosse et al. (1992) found that children with disabilities face a 1.7 times greater risk of neglect and abuse than non-disabled children. Similarly, Sullivan and Knutson (2000), in the most comprehensive study to date conducted in Nebraska, combined records obtained from hospitals, foster care services, law enforcement agencies, and schools. They determined that children with disabilities were 3.4 times more likely to experience neglect and abuse than their non-disabled counterparts.

In the United States, children can be placed under protection for various reasons, one of which has a disability. The "An Office of the Administration for Children & Families (AFCARS)," operating under the Children’s Bureau, publishes regular reports and maintains nationwide statistics on children in need of protection. According to the most recent report published by AFCARS, the number of children placed under protection due to disabilities in 2021 was 3,840, representing 2% of the total population (AFCARS, 2021).

However, for extended periods, systematic statistics regarding children with disabilities within the US child protection and welfare system were not maintained. The absence of a requirement in the Child Abuse Prevention and Treatment Act (CAPTA) to collect such data meant that, until 2006, only 33% of states kept records on children with disabilities within the child protection and welfare system (Shannon & Agorastou, 2006). Additionally, factors such as the lack of knowledge and training among child protection and welfare professionals regarding disabilities also hindered the collection of these statistics. Professionals with disabilities could not make the necessary reports (Bruhn, 2004).

Furthermore, the lack of standardised definitions of disabilities across programmes and states posed another challenge to reporting. All these factors contributed to the release of inaccurate statistics regarding children with disabilities under the responsibility of the child protection and welfare system in the United States for many years (Lightfoot et al., 2011).

In the United States, numerous legal regulations have been enacted to address the needs of children with disabilities, some of which directly and others indirectly affect children requiring protection. The Temporary Child Care for Handicapped Children and Crisis Nurseries Act of 1986 provided financial support for respite services aimed at the families of mentally disabled youth. In 1988, the Child Abuse Prevention, Adoption, and Family Services Act shifted attention to "special needs" children, regulating matters related to the placement of special needs children with foster families (Slayter, 2016).

By 1990, nationwide concerns about disability had grown, leading to the enactment of the Americans with Disabilities Act (ADA). However, this law did not directly relate to children with disabilities in need of protection (Slayter & Springer, 2011). One of the most significant laws for children with disabilities requiring protection has been the Individuals with Disabilities Education Act (IDEA). Originating in 1975, this law has undergone various amendments over time. IDEA mandates the establishment of early intervention units for children aged 0–3 years, free individualised education for children with disabilities aged 3–21 years and transition planning for children in protective care by the age of 16.

The timeline for family reunification under the Adoption and Safe Families Act (ASFA) has been made more flexible for children with disabilities requiring protection. Additionally, amendments to the Child Abuse Prevention and Treatment Act (CAPTA) in 2010 declared the necessity of collaboration regarding developmental disabilities, early intervention, and special education services within child welfare. The amendments also emphasised the involvement of parents in this process and the execution of various data collection activities (Lightfoot, 2014).

Based on all these considerations, specific legal regulations for children with disabilities (Lightfoot, 2014; Slayter, 2016) requiring protection in the US are limited, and unique practices are almost nonexistent. Additionally, the low proportion of children with disabilities requiring protection seems to hinder the development of focused attention on this issue in the US. Nevertheless, increasing the knowledge levels of professionals, developing specialised care models for children with disabilities, and placing greater emphasis on their development are necessary to improve the US system.

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Germany

In Germany, concerns about children's moral and physical neglect increased in the late 19th century. This concern, intertwined with fears that uncontrolled children might threaten the social order, led to steps being taken to ensure the protection of children. Regulations focusing on child labour, education and child health aimed to rescue innocent children from immoral parents and discipline children deemed antisocial in reformatories to keep them away from crime (Witte et al., 2019, p. 95). The German Empire adopted a civil code (Bürgerliches Gesetzbuch, BGB) to formalise these regulations in 1896. The code included provisions legitimising state intervention in parental rights (Kindler & Borrmann, 2013, p. 165). This law is also considered the first legal text related to the child protection system in Germany (Gerards, 2019).

Subsequently, the aftermath of World War I brought issues such as hunger and poverty, which increased child mortality rates and diseases caused by malnutrition. The state was compelled to expand and reorganise child health and youth welfare services in response to this crisis. Consequently, local child and youth welfare authorities (Jugendämter) were established and tasked with coordinating, supervising, and organising these services.

The period between 1933 and 1945 was dominated by the National Socialist Movement, where the ideology of the racial community (Volksgemeinschaft) heavily influenced the child protection system (Witte et al., 2019, pp. 96-97). From 1949 to 1989, the establishment of the German Democratic Republic (GDR) shaped developments. Neglect and abuse of children were associated with non-socialist countries, and thus, no concrete solutions were developed for these issues. Problems within the child protection system were attributed to pathological parents (Gries, 2002). Child-related practices were primarily centred around residential care, where harsh, rigid and even cruel treatment was widespread (Kindler & Borrmann, 2013, p. 165).

This period also included the post-World War II era, which witnessed significant changes. However, the most substantial transformation occurred after 1990. The Child and Youth Welfare Act, enacted in 1990, allowed parents to access various services, enhance child welfare, and financially support children and families in need (Wolff et al., 2011). The reunification of East and West Germany during this period was a significant factor in enacting this law (Kindler et al., 2006).

The child protection system in Germany can be described as "family service-oriented." Within this framework, parents are legally guaranteed the right to access child and youth welfare services (e.g., counselling, family support services, foster care services) even without any specific problems (Bae & Kindler, 2017).

Youth Offices (Jugendämter) in Germany are organised at the regional level. These entities have the authority to remove children from their parents in emergencies. However, mandatory state intervention in families is only possible following a definitive ruling by a family court regarding neglect or abuse. In addition to neglect and abuse, indications of parental incapacity in child-rearing may justify such decisions (Kindler, 2008).

Youth Offices are entrusted with numerous responsibilities that are not directly related to child protection. These include supporting youth work, social youth services, educational child and youth protection, general parenting support for families, counselling and support for parents in specific situations, promoting the development of children in daycare centres, parenting support through foster caregivers and residential care. However, the Youth Offices are not solely responsible for carrying out these duties. They collaborate with non-governmental organisations (NGOs) and divide responsibilities to fulfil these obligations (Witte et al., 2016).

A contractual agreement between the Youth Offices and NGOs is mandatory to execute these responsibilities. Additionally, agreements are required for the evaluations of child neglect and abuse. Decision-making processes regarding children and youth in need of protection involve a consortium that includes the Youth Offices, NGOs, parents, or the child's legal guardian (Fendrich & Tabel, 2012).

Although Jugendämter serve as the primary institutional actors in child protection at the local level, their effectiveness in supporting children with disabilities has been the subject of growing critique. One core limitation is the fragmentation between general child welfare services and disability-specific support structures, which often operate under separate legal and administrative frameworks. This can lead to delays in service coordination, inconsistencies in assessment procedures, and gaps in case management, particularly when children's needs fall at the intersection of protection and disability care. Moreover, Youth Offices often lack personnel with specialised training in developmental or intellectual disabilities, which may compromise their ability to conduct informed risk assessments or develop appropriate care plans (Kindler & Borrmann, 2013; Harder et al., 2013). As a result, children with disabilities may be either under-protected or prematurely institutionalised, highlighting the need for greater integration of disability expertise within Jugendämter operations.

The academic qualifications of professionals working in Germany's child protection system are notably high. Most professionals possess at least a four-year bachelor's degree, typically in applied sciences or social work. However, child protection is not a primary focus in university curricula; it is emphasised within the broader context of family service centres and holistic approaches (Kindler, 2008).

In addition to the high academic qualifications in child protection, the number of professionals employed in NGOs significantly exceeds those working in government institutions. This suggests that NGOs and their affiliated local centres, such as Youth Offices, play a more active role in child protection than the state (Kindler & Borrmann, 2013, p. 170).

In Germany, services for children with disabilities in need of protection are also available. However, these matters are not addressed within the scope of the "Child and Youth Welfare Act." The lack of provisions for children with physical or intellectual disabilities within this law highlights a significant gap in addressing their needs (Schröder & Zöller, 2020). Instead, issues concerning children with physical and intellectual disabilities are regulated under Social Code Book IX. Additionally, certain aspects related to disabled children and youth are outlined in regulations concerning the health system.

The United Nations Convention on the Rights of Persons with Disabilities has been a pivotal development in increasing attention towards children and youth with disabilities in Germany. As a result of this heightened focus, discussions have emerged about establishing a unified care system for children and youth with disabilities requiring protection and implementing it at a professional level (Harder et al., 2013). These discussions have also prompted amendments to the Child and Youth Welfare Act. Notable changes include incorporating provisions addressing children and youth with disabilities and adding more comprehensive articles concerning children requiring protection.

Other significant advancements include mandating cooperation among professionals such as Youth Offices, daycare centres, hospitals, and the police in cases involving children with disabilities requiring protection. Additionally, initiatives like "early intervention" have been introduced to prevent the emergence or worsening of disabilities (Sann & Schafer, 2011). Early intervention aims to monitor the situations of vulnerable children at an early stage and promptly apply necessary measures.

Despite Germany's comprehensive child welfare infrastructure, children with disabilities continue to face significant barriers to accessing equitable protection and care. One of the most persistent challenges is the limited availability of family-based placements such as foster care tailored to the specific needs of disabled children. Many foster families lack the training, resources, or institutional support to care for children with complex physical or developmental disabilities, resulting in a disproportionate reliance on institutional care settings (Föltz, 2020). This systemic preference often stems not only from logistical concerns but also from professional uncertainty regarding whether disability alone constitutes a need for protection. Therefore, children with disabilities are more likely to be removed from their families and placed in therapeutic or residential care, even in cases where enhanced in-home support could have preserved family unity. Additionally, bureaucratic fragmentation and inconsistent cooperation between Youth Offices and disability services further complicate access to timely and individualised care solutions (Schröder & Zöller, 2020). Addressing these barriers requires a stronger policy commitment to inclusive family-based models and integrated cross-sectoral planning.

This programme also focuses on preventing specific intellectual disabilities caused by problematic relationship dynamics between children and their caregivers. It targets a broad preventive system against neglect and abuse. Furthermore, the German Child Protection Act, implemented in 2012, includes essential goals. The law aims to establish an interdisciplinary support system starting from the prenatal period and extending through early childhood, enabling the earliest possible monitoring of disability-related issues that might lead to the need for protection (Bressem et al., 2016).

The care systems within Germany's child protection framework are similar to those of other countries. In addition to general options like daycare support, weekly care, short-term care, emergency care, and specialised models such as socio-pedagogical or therapeutic care, the most commonly utilised methods in Germany are residential care and kinship care. Furthermore, the foster care model is actively employed in the country (Föltz, 2017, p. 19).

One of the most widely used care methods for children with disabilities in need of protection is the therapeutic care model. This approach, which provides support tailored to the specific needs of children with disabilities, is a key method within the system (Harder et al., 2013). The therapeutic care model encompasses specialised group homes, treatment homes and institutions designed explicitly for visually impaired or physically disabled children. These institutions are the most active facilities for children with disabilities requiring protection in Germany.

A significant reason for the prevalence of institutional care lies in the resistance within child welfare systems to providing care for children with disabilities and medical fragility within a family model (Roos, 1996, p. 197). This resistance is mainly due to the inability to fully assess parental skills or limitations. Uncertainty around how parents should approach their child's disability, coupled with debates on whether the child requires protection due to their disability or if the disability alone constitutes a need for protection, has led to widespread reliance on institutional care in Germany (Föltz, 2020).

Moreover, the challenges faced by the parents of children with disabilities are another major factor promoting institutional care. Insufficient access to support and the difficulties of raising a child within a bureaucratic system add to the hardships these parents face, potentially leading to situations where children require protection (Vonneilich et al., 2016).

In Germany, education for disabled children in need of protection is provided under a distinct model. This approach emerged following the ratification of the UN Convention on the Rights of Persons with Disabilities in the country, leading to a proliferation of special education schools (Pfahl & Powell, 2011). These schools, often referred to as inclusive or integration schools, have been established as a civil right in Germany. Additionally, Germany has participated in various projects aimed at improving the transition from school to employment for children with special needs (Camargo, 2011).

Germany also specialises in healthcare services for disabled children who need protection. Tailored care models within the healthcare system deliver services specifically for these children (Ehrich et al., 2016). Paediatricians and general practitioners play a vital role in these services. Particularly for infants and children who may require protection due to disabilities, doctors must possess sufficient knowledge to provide preventive care. This knowledge is crucial to effectively implementing the child protection system's preventive aspect (Camargo, 2011).

Germany's healthcare services for disabled children in need of protection are characterised by integrated early intervention programmes (Frühe Hilfen) and specialised paediatric networks that focus on developmental monitoring, disability prevention and cross-sectoral coordination between health and child welfare institutions (Bressem et al., 2016; Camargo, 2011). These initiatives are implemented through collaboration between local Youth Offices, hospitals, and family counselling centres, and aim to identify vulnerabilities at an early stage and provide targeted medical and psychosocial support.

Efforts have also been made to integrate disabled children into family-based care models. Although this issue was first raised in 1980, the lack of action over many years has resulted in slow progress in this area. Nevertheless, disabled children are actively included in foster care models. During this process, Youth Welfare Offices, local governments, and NGOs have proactively played significant roles (Föltz, 2020; Wolf, 2012).

Despite Germany's structured and decentralised child protection system, the explicit role of disability in influencing child protection decisions remains underdeveloped in both policy and practice. While indicators such as parental incapacity or neglect may trigger state intervention, disability itself is not always viewed as an independent risk factor. This can result in inconsistent interpretations at the local level, particularly when assessing whether a child's developmental challenges stem from parental neglect or inherent disability. Moreover, professionals sometimes face difficulties in distinguishing between caregiving limitations due to lack of support versus genuine risk to the child's well-being. These ambiguities may delay protective action or lead to an overreliance on institutional placements rather than family-based alternatives (Schröder & Zöller, 2020; Föltz, 2020). A more integrated framework that considers disability as a dynamic variable in risk assessment could improve the responsiveness and inclusiveness of Germany's child protection system.

Sweden

Sweden operates under a social-democratic welfare regime. Similar to many other countries, there is both encouragement and obligation to report potential cases of neglect and abuse. Swedish law aims to protect children living in high-risk social environments and those at potential risk of neglect and abuse. In Sweden, four types of maltreatment are recognised: physical abuse, sexual abuse, psychological (or emotional) abuse and neglect. Professionals working in child protection are legally obligated to report any instances of neglect or abuse. The Social Services Unit is responsible for addressing these reports and working to create a safer environment for children (Cocozza et al., 2006).

All institutions that interact with children—such as schools, healthcare facilities, and social care centres—share a collective responsibility for child protection. Reporting potential risks to the Social Services Unit is considered a civic duty, reflecting public awareness and responsibility (Höjer et al., 2022).

Two key laws govern Sweden’s child protection system: the Social Services Act and the Care of Young Persons Act. The Social Services Act is based on voluntarism, while the Care of Young Persons Act clarifies provisions for protecting the youth. These laws regulate cases where children cannot live with their parents and must be placed in out-of-home care. However, a fundamental principle of Swedish child protection legislation is the belief that parents are the most suitable caregivers for their children. Only in dire situations are children removed from their families and placed in institutions, which sets Sweden apart from many Western countries (Leviner, 2018).

Sweden adopts a straightforward family support approach. The system focuses on family relationships, viewing risky situations as the outcome of dysfunctional relationships rather than solely the parents’ behaviour. The system aims for families to seek support to create change voluntarily. This approach reflects a framework distinct from individual rights-focused child protection systems. Moreover, the potential for removing a child from their family and placing them in institutional care can occur at earlier stages compared to other countries (Leviner, 2014).

Additionally, Sweden allocates significantly higher expenditures to preventive social services than many other nations. Instead of investing heavily in out-of-home care, Sweden prioritises preventive services to support families and prevent potential issues before they arise from (Forkby et al., 2015).

The most significant actors in Sweden’s child protection system are the local authorities, which organise child protection services with autonomy (Liljegren et al., 2014). Local authorities in Sweden can take action under three circumstances:

- When parents or the child request support themselves.
- Public actors, neighbours, relatives, or one parent may report a case by accusing the other.
- Upon receiving a notification from the social services.

The same investigation system is implemented in almost all cases. While decisions aim to be carried out on a voluntary basis, mandatory compliance can also be an option (Liljegren et al., 2018).

Local authorities typically have several specialised units dedicated to child protection. First, an intake centre handles and evaluates reports of suspected abuse or neglect. If the intake team determines that the report requires investigation, a case is opened, and one or two social workers are assigned to conduct the investigation. Occasionally, a social worker from a private company may also be assigned to the case. The decision to initiate an investigation is formally signed by a manager, and decisions regarding out-of-home placements are made by the municipal social services board, which is composed of politicians.

In cases of compulsory care, the District Court issues a ruling based on the social worker’s investigation. If support or intervention for the child or their parents is decided, these services are delivered by other municipal units or private entities (Berggren et al., 2021).

Sweden stands out in Europe for granting laypersons (non-professionals) a significant role in the decision-making process related to child protection (Höjer et al., 2022). This feature, alongside the system’s family-centred approach, is a characteristic aspect of Sweden’s child protection framework (Forkby et al., 2015.

Although Sweden's social democratic regime remains influential, the New Public Management (NPM) principles have also impacted the country, including its child protection system. As a result, state-operated childcare institutions have been privatised (Höjer & Forkby, 2011). The Swedish public's growing interest in volunteerism over time has further supported these changes in child protection (Lundström, 2001).

However, the shift towards profit-driven motives in child protection has been notable. Sweden's generous financial support for child protection services has increased the number of private companies operating in this field (Sallnas & Wiklund, 2011). Currently, the state directly provides services to only 22% of children in need of protection, while the private sector accounts for approximately 80% of these services (Swedish National Board of Health and Welfare, 2019; Shanks et al., 2021).

In contrast, nonprofit NGOs play a relatively minor role, providing services to just 3% of children in need (Porko et al., 2018). This disparity is primarily attributed to the government's financial policies. Many NGOs have opted for privatisation, sacrificing their civil identity to remain competitive in a market-oriented environment (Meagher et al., 2016).

Sweden implements specific practices aimed at protecting disabled children in need of care, with the underlying causes for these measures showing similarities to those in other countries. Research conducted in Sweden indicates that disabled children are more likely to experience neglect and abuse compared with their non-disabled peers. Regardless of the type of disability—such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), or Intellectual Disabilities—all disabled children are considered to have a potential need for protection (Lindén-Boström & Persson, 2014; Jernbro & Janson, 2017).

Sweden's disability policies are based on a universalistic, rights-based approach, ensuring equal access to services. In this framework, all citizens are natural rights holders, and there are no barriers to accessing these rights. This inclusive and generous approach characterises Sweden's broader social policies, including its disability framework (Collier, 2022).

The universalistic approach has also influenced Sweden's child protection system, which addresses social problems through evaluation, intervention, and transformation. Although this system aims for a holistic approach, challenges may arise, particularly in cases involving disabled children. Sweden's child protection system emphasises voluntary collaboration with parents, which can inadvertently shift the focus from the child to the parents. When parents are unwilling to cooperate, social services are authorised to intervene and may need to use legal powers to address potential risks (Engwall et al., 2019).

However, excluding families entirely from the process is not advisable. Considering the psycho-social burdens associated with parenting a disabled child, it becomes evident that involving families in the process is crucial to achieving practical outcomes (Koivula et al., 2018).

In Sweden, a general reform concerning disability was implemented in 1994. The rights developed for persons with disabilities during this period are considered a reflection of the shift in Sweden's perspective on disability from a medical model to a social-relational model. Two significant legal texts from this period, "The Law on Special Support and Services for Persons with Disabilities" (LSS) and "The Assistance Benefit Act," reflect the change in perspective regarding disability during this era. In subsequent years, efforts aimed at preventing discrimination against persons with disabilities across all sectors and prioritising accessibility became central to policy (Lindqvist & Lamichhane, 2019).

Through the LSS, families with disabled children were legally granted the right to request support and services. The law positioned parents as senior experts regarding the needs of their children and emphasised collaboration with them (Olsson & Hwang, 2003). The inclusion of disabled children under the scope of the LSS has also naturally influenced the child protection system. The actors within the child protection system began to perform their tasks under the provisions of this law (Gümüscü et al., 2015).

The LSS aims to create a stronger position within the state for disabled individuals and includes notable provisions for disabled children and youth. Children who cannot live with their families or whose care cannot be provided by their families due to disability are placed in appropriate institutions under the scope of the LSS. Placement decisions are made following inspections conducted upon applications submitted by parents to local administrations. Moreover, if LSS officials suspect neglect or abuse, an investigation can commence, and potential cases of neglect and abuse may be handled based on the results of this investigation (Engwall et al., 2019).

LSS also provides other services to prevent the need for protection for disabled children. These include counselling, personal assistance, companion services, personal communication support, in-home care, continuous care, school counselling for children over the age of 12 and group homes for disabled children (Collier, 2022). In addition to services provided directly to children, the LSS includes services for families. The law is exceptionally functional for families who may need counselling services related to their disabled children. It offers support in areas such as family therapy and intra-family communication (Olsson et al., 2020).

Municipalities also provide various supportive services to prevent disabled children from requiring protective measures. Besides the services offered by provincial and district councils, counselling and training services are among the supports provided to disabled children (Angman & Gustafsson, 2011).

Child protection reform in Sweden has been slow and gradual, but children's voices have been strengthened recently. These reforms, which can be interpreted as a correction of the overemphasis on the family in cases of disability, represent significant progress for the rights of disabled children (Heimer & Palme, 2016).

While Sweden's child protection system is often praised for its universalist ethos, early intervention strategies, and generous welfare investments, several studies have raised concerns regarding its actual outcomes—particularly for children with disabilities. Critics argue that the emphasis on voluntarism and family collaboration may delay necessary interventions in high-risk situations, especially when parents are unwilling or unable to engage constructively with social services (Engwall et al., 2019). Furthermore, the decentralised nature of service provision has led to regional disparities in both the quality and accessibility of support services. Although laws such as the LSS aim to ensure equal access, implementation inconsistencies persist, and families of disabled children frequently report administrative burdens, unclear responsibilities, and long waiting times for services (Heimer & Palme, 2016; Koivula et al., 2018). These limitations suggest that despite its strong theoretical foundations, Sweden's child protection model faces practical challenges in delivering timely, equitable, and inclusive outcomes for disabled children.

Turkey

Child protection in Turkey has deep historical roots, dating back to institutional forms seen during the Seljuk and Ottoman periods, such as vakıfs and charitable care centres. These early structures emphasised support within the family context and philanthropic aid, although they often lacked systematic oversight. The early Republican era saw a gradual professionalisation of child welfare through institutions like Darülaceze, Darüleytam, and the Türkiye Himaye-i Etfal Cemiyeti, which laid the foundation for modern child protection services. However, for the purposes of this study, the focus will remain on the post-1980 period when the institutionalisation of social services accelerated and disability-specific regulations began to emerge.

The foundation of Turkey's child protection system can be traced back to the Seljuk Empire period. During this era, the existence of institutions for the elderly and disabled, as well as for orphaned and abandoned children, provides significant evidence regarding the child protection system (İzci et al., 2018). In the Ottoman

Empire, charitable foundations (vakıfs), key actors in the child protection system, preferred supporting children in need within their family environments rather than providing institutional care. However, the lack of professionalism and the reliance on philanthropy sometimes led to the victimisation of children. Consequently, both professionalisation and modernisation movements during the reign of Sultan Abdul Hamid II led to the emergence of specialised institutions in the field of child protection (Şirin, 2017).

During the Tanzimat Era, institutions known as ıslahhanes were established. These aimed to provide social rehabilitation and vocational and technical education, functioning as structures designed to protect children at risk of delinquency. Additionally, the decrease in the workforce due to war casualties created the necessity to train girls for roles traditionally filled by men. As a result, Sanayi Mektepleri (Industrial Schools) was opened for girls in need of protection. Another notable institution of this era was Darüşşafaka, which aimed to provide academic education and free care for children in need (Negiz, 2020, pp. 271, 273, 278).

Another significant institution established during this period was Darülaceze, which aimed to reduce begging by providing care for children and disabled individuals in need (Özkaya & Kaya, 2020, p. 288). Other prominent child protection institutions of the Ottoman period included Şişli Hamidiye Etfal Hospital, which provided free healthcare services to children; Darüleytamlar, which offered care to children in need due to war; and Darülhayr-ı Âli, which provided care and education services to children in need (Çelik, 2020, p. 298).

The Himaye-i Etfal Cemiyeti (HEC), considered the predecessor of the Child Protection Institution, became an important actor in providing care to children in need due to the losses caused by World War I. Founded in 1917 in Istanbul, the organisation expanded to Ankara in 1921. By 1923, the two branches merged to form the Türkiye Himaye-i Etfal Cemiyeti. In 1935, the organisation's name was changed to the Türkiye Çocuk Esirgeme Kurumu (Şeker, 2020, pp. 343, 351, 357).

In 1949, Law No. 5387 on Children in Need of Protection was enacted, assigning specific responsibilities related to the child protection system to the Ministry of Health and Social Assistance and the Ministry of National Education. This law was expanded in 1957 with the adoption of the second Law on Children in Need of Protection, which defined child protection as a responsibility of local administrations. In 1983, Law No. 2828 on Social Services and Child Protection Institutions was enacted, establishing the General Directorate of Social Services and Child Protection Institutions, which was responsible for the care of children in need. Initially affiliated with the Ministry of Health, this directorate was later incorporated into the Prime Ministry (Gökçearslan-Çifci, 2009).

In recent decades, especially following the enactment of Law No. 2828 in 1983 and the restructuring of the Ministry of Family and Social Services in 2011, Turkey has developed a more centralised and diversified approach to the protection of children with disabilities, with a growing emphasis on family-based care, integrated service delivery, and targeted support mechanisms.

In 2011, with Decree-Law No. 633, the Ministry of Family and Social Policies was established, and SHÇEK was abolished. Until 2017, the Ministry provided dormitory-style care, but a transformation occurred, leading to the closure of childcare homes and orphanages, with a shift to family-based care models. By 2017, care had transitioned entirely to family-like environments (Ministry of Family, Labour and Social Services, 2019). According to the latest data published by the Ministry of Family and Social Services, care is provided to 11,809 children in 112 Child Care Centres and 1,193 Child Homes (ASHB, 2022).

The most recent quantitative research on disability in Turkey was conducted in 2011 by the Turkish Statistical Institute (TÜİK) as part of the "Population and Housing Survey." According to the results of this study, the number of individuals with disabilities in Turkey is 4,882,841 (TÜİK, 2013). The number of children with disabilities aged 2–14 in Turkey constitutes 7.1% of the total child population, according to TÜİK's statistics (TÜİK, 2020).

Law No. 5395 on Child Protection declares that five measures—counselling, education, care, health, and shelter—can be taken for children in need of protection. These measures can also be applied to children with disabilities who require protection (Çocuk Koruma Kanunu, 2005). The Ministry of Family and Social Services (ASHB) monitors and oversees the measures taken by the Ministry of National Education (MEB), the Ministry of Labour and Social Security, and the Turkish Employment Agency regarding the educational requirements of children with disabilities in need of special education (Çocuk Koruma Kanununa Göre Verilen Koruyucu ve Destekleyici Tedbir Kararlarının Uygulanması Hakkında Yönetmelik, 2012).

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The primary institution providing services to children in need of protection in Turkey is the ASHB. Children with disabilities in need of protection also benefit from these services. In institutions affiliated with the ASHB (e.g., child care centres, child homes, child support centres), social investigation reports are prepared for children with disabilities, and care models tailored to their needs are planned. Based on these plans, the children are placed in appropriate institutions (Çocuk Koruma Hizmetleri Planlama ve Çocuk Bakım Kuruluşlarının Çalışma Usul ve Esasları Hakkında Yönetmelik, 2022).[3]

Children with disabilities in need of protection can also benefit from alternative models in the field of child protection. The necessary arrangements have been made for children with disabilities to be placed in foster care. Foster families caring for children with disabilities receive a monthly allowance that is 50% higher than the standard rate (Koruyucu Aile Yönetmeliği, 2012).[4]

The ASHB also oversees private nurseries, daycare centres, and private child clubs. Considering that parents may also have disabilities, the ASHB has included their children within its scope, allowing these parents to benefit from private nurseries and daycare centres free of charge (Özel Kreş ve Gündüz Bakımevleri ile Özel Çocuk Kulüplerinin Kuruluş ve İşleyiş Esasları Hakkında Yönetmelik, 2015).[5]

Social and economic support can be provided to children with disabilities who need protection and can benefit from alternative methods. If determined by social investigation, families of children with disabilities may receive monthly payments based on specific coefficients to enable the child to continue their education (Sosyal ve Ekonomik Destek Hizmetleri Hakkında Yönetmelik, 2015).[6]

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[1] Child Protection Law No. 5395 (2005).

[2] Regulation on the Implementation of Protective and Supportive Measures Provided Under the Child Protection Law (2012).

[3] Regulation on the Planning of Child Protection Services and Operational Procedures of Childcare Institutions (2022).

[4] Regulation on Foster Care Services (2012).

[5] Regulation on the Establishment and Operation of Private Nurseries, Day Care Centres, and Private Children's Clubs (2015).

[6] Regulation on Social and Economic Support Services (2015).

Furthermore, independent of the need for protection, families of children with severe disabilities may receive a “home care allowance” based on their economic conditions (Bakıma Muhtaç Engellilerin Tespiti ve Bakım Hizmeti Esaslarının Belirlenmesine İlişkin Yönetmelik, 2010).[7]

Although the regulations provide a strong legal and policy foundation for child protection services in Türkiye, their implementation is often met with structural and operational challenges. One critical issue is the inconsistency in service quality and access between urban and rural areas, where infrastructural and human resource gaps are more pronounced. Moreover, many of the programmes—particularly foster care and economic support schemes—require inter-institutional coordination, which is frequently hampered by bureaucratic inertia and overlapping mandates among ministries. The lack of systematic monitoring mechanisms and insufficient professional capacity further complicate the practical enforcement of these well-intentioned policies. As a result, while policy frameworks align with international standards, their translation into effective and inclusive protection for children with disabilities remains uneven (Gökçearslan-Çifçi, 2009).

Conclusion

The effectiveness of child protection services for disabled children varies considerably across welfare models, reflecting broader socio-political commitments to inclusivity. These differences are closely related to their welfare models, and policies targeting children are often developed based on these models. For this reason, this study examined the activities and services provided to children with disabilities in need of protection by representatives of different welfare models.

Among the welfare state models analysed, the social democratic system—as exemplified by Sweden—emerges as the most comprehensive in supporting children with disabilities in need of protection. Its universalist policy orientation, early intervention strategies, and integrated service delivery provide a relatively robust safety net. In contrast, the liberal model of the United States has significant limitations, particularly in the absence of federal disability-specific child protection legislation and the fragmentation of services. The conservative model in Germany offers a stable legal structure but suffers from institutional segmentation and inconsistent local implementation, especially regarding foster care for disabled children. Turkey, representing the Southern European model, has made notable legal and institutional progress; however, practical challenges such as resource limitations, bureaucratic inefficiencies, and uneven regional capacity hinder effective delivery. Therefore, while each system contains strengths and weaknesses, the Swedish approach demonstrates the highest level of structural coherence and inclusion for disabled children within its child protection regime.

The United States is a prominent representative of the liberal welfare model. Initially, the approach to children in need of protection in the US focused solely on meeting their physical needs. Over time, however, this approach transformed into one that addressed neglect and abuse. What began as charitable initiatives evolved into an institutional framework, solidified by laws aimed at formalising this institutionalisation. These laws clarified several key aspects, such as the establishment of child protection institutions through federal grants, the regulation of adoption processes for children with disabilities, the implementation of measures to prevent neglect and abuse, and the coordination between institutions serving children with disabilities and child protection agencies. Additionally, specific laws addressing disability were enacted, and children in need of protection were included within their scope.

Germany is a prominent representative of the conservative welfare model. The initial developments concerning the child protection system in Germany occurred in the second half of the 19th century, driven

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[7] Regulation on the Identification of Disabled Persons in Need of Care and the Principles of Care Services (2010).

by the perception of children as a societal threat. Concrete advancements in child protection emerged as a result. By the end of the 19th century, a civil code was enacted that granted the state the authority to intervene in families, marking the first legal step in the establishment of the child protection system. Subsequent developments were influenced by Germany's wartime experiences, creating a context for changes in the child protection system. The establishment of youth offices (Jugendämter) and the broad powers granted to local governments became the defining features of the system.

Services for children with disabilities who needed protection were initially addressed within the framework of a specific law, which also introduced reforms to the country's healthcare system. With Germany's ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD), attention to these children increased, leading to public demands for more institutional advancements in this field. Furthermore, local child protection actors developed unique practices tailored to these children.

Germany's therapeutic care model, implemented for children with disabilities, is another significant service. Efforts are made to prevent the families of disabled children from experiencing social exclusion, and the integration of these children into the education system is also a key objective.

Sweden is a significant representative of the social-democratic welfare model. The country's child protection system is characterised by mandatory reporting obligations. The requirement to report instances of neglect and abuse is well-known across all social and bureaucratic systems interacting with children. Sweden has specific laws governing its child protection system. A notable feature of Sweden's approach is its focus on services provided to families. By supporting families, the system aims to prevent children from being placed in institutional care or alternative care arrangements, with a stronger emphasis on investing in preventive services.

In Sweden, the local governments are the most authoritative actors in child protection. These local authorities, which possess an autonomous character, are capable of producing direct and definitive solutions in child protection matters. Furthermore, specialised units exist within local governments, and decisions regarding child protection are made through the coordinated efforts of these units.

The influence of the new public management approach is evident in this social-democratic regime, as state-run child protection institutions have been privatised. The government provides significant subsidies in this area, supporting non-governmental organisations (NGOs) and enhancing civil awareness.

Sweden's approach to children with disabilities in need of protection is universal . However, services directed at parents, when applied to children with disabilities, may be misplaced and risk diverting focus. Therefore, achieving balance in such cases is crucial. Sweden also has specific laws concerning children with disabilities. These laws include children with disabilities in need of protection within their scope, and services for children are explicitly outlined in the legislation.

Turkey shares similarities with countries representing the Southern European welfare regime. Historically, the country has deep-rooted traditions and a state memory concerning its child protection system. Institutional developments in Turkey's child protection system began in 1935 and continued under the Social Services and Child Protection Agency (SHÇEK) guidance for decades. In subsequent years, the establishment of the Ministry of Family and Social Policies (ASPB) marked a period of specialisation for child protection institutions, culminating in a significant shift from dormitory-style care to family-style care models as of 2017.

In Turkey, there is notable attention to children with disabilities in need of protection. Specifically mentioned in the Ministry of Family and Social Services (ASHB) regulations, children with disabilities are placed in specialised institutions where their care is sustained. Additionally, these children benefit from alternative care methods, including placement with foster families, adoption, or support while remaining with their biological families.

Children with disabilities in need of protection also benefit from the rights enshrined in national laws. They receive care and services aligned with global trends and standards, ensuring an integrated approach to meeting their needs.

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